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IMPORTANT NOTICE**TELECOPY/FACSIMILE COVER LETTER**

TO: U.S. Patent and Trademark Office
Examiner: Aggarwal, Y.K.
Art Unit: 2615

DATE: November 9, 2005FROM: John P. Scherlacher

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 11

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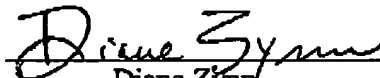
Patent Application No.: 09/995,319; Our Ref. 81784.0246

I hereby certify that the following documents:

☒ Response to Final Office Action Under 37 C.F.R. § 1.116/Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

November 9, 2005
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Diane Zynn

TELECOPY/FAX NUMBER: (571) 273-8300 (ART UNIT 2615)CLIENT NUMBER: 81784.0246ATTORNEY BILLING NUMBER: 1966CONFIRMATION NUMBER: (return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 81784.0246
Customer No.: 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Tatsuya TAKAHASHI

Serial No: 09/995,319

Confirmation No: 9511

Filed: November 26, 2001

For: CHARGE TRANSFER DEVICE

Art Unit: 26151

Examiner: Aggarwal, Y. K.

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November 9, 2005

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	17	-	20	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	4	-	4	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$__ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$__ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

John P. Scherlach

Registration No. 23,009

Attorney for Applicant(s)

Date: November 9, 2005

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Appl. No. 09/995,319
Amdt. Dated November 9, 2005
Reply to Office Action of August 9, 2005

Attorney Docket No. 81784.0246

Customer No. 26021

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RESPONSE TO FINAL OFFICE ACTION
UNDER 37 C.F.R. § 1.116

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Commissioner for Patents

P.O. Box 1450

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Dear Sir:

In response to the Final Office Action of August 9, 2005, please enter and consider the following remarks:

The Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.